

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034023 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

## Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 CR Form Filing

SERFF Tr Num: UNON-125729590 State: Arkansas

TOI: 26.0 Burglary & Theft

SERFF Status: Closed

State Tr Num: #10034023 \$50

Sub-TOI: 26.0001 Commercial Burglary & Theft Co Tr Num: 08-CR-FM-4

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Frances Linker, Mark Jones, Tamara Manuel

Disposition Date: 07/17/2008

Date Submitted: 07/16/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07/17/2008

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07/17/2008

State Filing Description:

## General Information

Project Name: 08-08 AR CR Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07/17/2008

State Status Changed: 07/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

For all business, the Companies propose to adopt Company form CL CR 07 51 12 07 Replace Terrorism Provisions (Applicable to Crime/Fidelity Only) in place of ISO's CR 07 51. The only changes we have made to the ISO endorsement is to add a definition for the word "terrorism" as Paragraph A. and to renumber the other paragraphs, and any text references to the former Paragraph A., accordingly.

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034023 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

We are enclosing a copy of the revised company rule to be used with the above referenced endorsements.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

Should you have any questions or wish to discuss this matter further, please call me at (800) 444-0049, extension 2843.  
My fax number is 972-719-2348, or you may email me at tmanuel@usic.com.

## Company and Contact

### Filing Contact Information

Frances Linker, Compliance Analyst	flinker@usic.com
P. O. Box 152180	(972) 719-2400 [Phone]
Irving, TX 75015-2180	(972) 719-2301[FAX]

### Filing Company Information

Acadia Insurance Company	CoCode: 31325	State of Domicile: New Hampshire
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2465 ext. [Phone]	FEIN Number: 01-0471706	

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Continental Western Insurance Company	CoCode: 10804	State of Domicile: Iowa
P. O. Box 152180	Group Code: 98	Company Type: P & C
Irving, TX 75015-2180	Group Name: W. R. Berkley	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 42-0594770	

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Union Insurance Company	CoCode: 25844	State of Domicile: Iowa
122 W. Carpenter Freeway	Group Code: 98	Company Type: P&C
Suite 350		
Irving, TX 75039	Group Name: W. R. Berkle	State ID Number:
(972) 719-2400 ext. 2465[Phone]	FEIN Number: 47-0547953	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034023 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		
<b>Retaliatory?</b>	<b>No</b>		
<b>Fee Explanation:</b>			
<b>Per Company:</b>	<b>No</b>		

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010034023	\$50.00	07/16/2008

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034023 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	07/17/2008	07/17/2008

SERFF Tracking Number:	UNON-125729590	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#10034023 \$50
Company Tracking Number:	08-CR-FM-4		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	2008 CR Form Filing		
Project Name/Number:	08-08 AR CR Form Filing/		

## Disposition

Disposition Date: 07/17/2008  
Effective Date (New): 07/17/2008  
Effective Date (Renewal): 07/17/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	UNON-125729590	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#10034023 \$50
Company Tracking Number:	08-CR-FM-4		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	2008 CR Form Filing		
Project Name/Number:	08-08 AR CR Form Filing/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Replace Terrorism Provisions (Applicable to Crime/Fidelity Only)	Approved	Yes
Rate	Terrorism Exception Rule - Federal Backstop	Approved	Yes

SERFF Tracking Number:	UNON-125729590	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#10034023 \$50
Company Tracking Number:	08-CR-FM-4		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	2008 CR Form Filing		
Project Name/Number:	08-08 AR CR Form Filing/		

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Replace Terrorism Provisions (Applicable to Crime/Fidelity Only)	CL CR 07 51	12 07	Endorsement/Amendment/Conditions	Replaced Form #: Previous Filing #:		CL CR 07 51 12 07.pdf



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **REPLACE TERRORISM PROVISIONS (APPLICABLE TO CRIME/FIDELITY ONLY)**

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM  
GOVERNMENT CRIME COVERAGE FORM  
KIDNAP/RANSOM AND EXTORTION COVERAGE FORM

- A.** The following definition is added and applies under this endorsement wherever the term terrorism is enclosed in quotation marks.

"Terrorism" means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:
  - a. Use or threat of force or violence; or
  - b. Commission or threat of a dangerous act; or
  - c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and
2. When one or both of the following applies:
  - a. The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
  - b. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

- B.** Any endorsement in this policy that refers to "certified act(s) of terrorism" and/or "other act(s) of terrorism" no longer applies to the Commercial Crime Coverage Form, Government Crime Coverage Form and Kidnap/Ransom And Extortion Coverage Form. Instead, the following exclusion applies to such Coverage Forms:

### **EXCLUSION OF TERRORISM**

We will not pay for loss or damage caused directly or indirectly by "terrorism", including action in hindering or defending against an actual or expected incident of "terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss. **But this exclusion applies only when one or more of the following are attributed to an incident of "terrorism":**

1. The "terrorism" is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation or radioactive contamination; or
2. Radioactive material is released, and it appears that one purpose of the "terrorism" was to release such material; or
3. The "terrorism" is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
4. Pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the "terrorism" was to release such materials; or

5. The total of insured damage to all types of property in the United States, its territories and possessions, Puerto Rico and Canada exceeds \$25,000,000. In determining whether the \$25,000,000 threshold is exceeded, we will include all insured damage sustained by property of all persons and entities affected by the "terrorism" and business interruption losses sustained by owners or occupants of the damaged property. For the purpose of this provision, insured damage means damage that is covered by any insurance plus damage that would be covered by any insurance but for the application of any terrorism exclusions. Multiple incidents of "terrorism" which occur within a 72-hour period and appear to be carried out in concert or to have a related purpose or common leadership will be deemed to be one incident, for the purpose of determining whether the threshold is exceeded.

With respect to this Item **B.5.**, the immediately preceding paragraph describes the threshold used to measure the magnitude of an incident of "terrorism" and the circumstances in which the threshold will apply, for the purpose of determining whether this Exclusion will apply to that incident. When the Exclusion applies to an incident of "terrorism", there is no coverage under this Coverage Form.

## **C. Application Of Other Exclusions**

1. When the Exclusion Of Terrorism applies in accordance with the terms of Paragraph **B.1.** or **B.2.**, such exclusion applies without regard to the Nuclear Hazard Exclusion in this Coverage Form.
2. The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss or damage which would otherwise be excluded under this Coverage Form, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNON-125729590</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#10034023 \$50</i>
<i>Company Tracking Number:</i>	<i>08-CR-FM-4</i>		
<i>TOI:</i>	<i>26.0 Burglary &amp; Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary &amp; Theft</i>
<i>Product Name:</i>	<i>2008 CR Form Filing</i>		
<i>Project Name/Number:</i>	<i>08-08 AR CR Form Filing/</i>		

## Rate/Rule Schedule

<b>Review Status:</b>	<b>Exhibit Name:</b>	<b>Rule # or Page #:</b>	<b>Rate Action</b>	<b>Previous State Filing Attachments Number:</b>
Approved	Terrorism Exception Rule - Federal Backstop	Page 1	Replacement	08-08 Crime Exceptions (CWIC, AIC & UIC).pdf

**CONTINENTAL WESTERN INSURANCE COMPANY  
ACADIA INSURANCE COMPANY  
UNION INSURANCE COMPANY**

**CRIME & FIDELITY**

**TERRORISM EXCEPTION RULE -- FEDERAL BACKSTOP**

- A. Paragraph 1.c under **A. Commercial Package Policies Containing The Commercial Crime Coverage Form; Government Crime Coverage Form Or Kidnap/Ransom And Extortion Coverage Form** is replaced by the following:
  - c. Amend the interline terrorism endorsement by attaching to the package policy, one of the following Crime/Fidelity-specific terrorism endorsements:
- B. Paragraph 1.c.(2) under **A. Commercial Package Policies Containing The Commercial Crime Coverage Form; Government Crime Coverage Form Or Kidnap/Ransom And Extortion Coverage Form** is replaced by the following:
  - (2) **CL CR 07 51**, Replace Terrorism Provisions (Applicable To Crime/Fidelity Only) Endorsement, to amend the interline endorsement with regard to Crime/Fidelity to employ a different approach in Crime/Fidelity to excluding acts of terrorism.

*SERFF Tracking Number:* UNON-125729590

*State:* Arkansas

*First Filing Company:* Acadia Insurance Company, ...

*State Tracking Number:* #10034023 \$50

*Company Tracking Number:* 08-CR-FM-4

*TOI:* 26.0 Burglary & Theft

*Sub-TOI:* 26.0001 Commercial Burglary & Theft

*Product Name:* 2008 CR Form Filing

*Project Name/Number:* 08-08 AR CR Form Filing/

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:**

Approved

07/17/2008

**Comments:**

**Attachment:**

08-08 Crime Filing TForms Trans.pdf

# Property & Casualty Transmittal Document (Revised 1/1/04)

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

<b>3. Group Name</b>	<b>Group NAIC #</b>		
W. R. Berkley Corp.	0098		
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Continental Western Insurance Company	IA	10804	42-0594770
Union Insurance Company	NE	25844	47-0547953
Acadia Insurance Company	ME	31325	01-0471706

<b>5. Company Tracking Number</b>	08-CR-FM-4
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6.</b>	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Tamara C. Manuel Irving, TX 75015-2180	Filings Analyst	800-444-0049, ext. 2843	972-719-2348	tmanuel@usic.com
<b>7.</b>	Signature of authorized filer		<i>Tamara C. Manuel</i>		
<b>8.</b>	Please print name of authorized filer		Tamara C. Manuel		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	26.0
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	26.0001
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing title)</b>	Commercial Crime
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New:      Upon Approval      Renewal: Upon Approval
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	7/17/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	<b>08-CR-FM-4</b>
<b>21.</b>	<b>Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]	

For all business, the Companies propose to adopt Company form CL CR 07 51 12 07 Replace Terrorism Provisions (Applicable to Crime/Fidelity Only) in place of ISO's CR 07 51. The only changes we have made to the ISO endorsement is to add a definition for the word "terrorism" as Paragraph **A.** and to renumber the other paragraphs, and any text references to the former Paragraph **A.**, accordingly.

We are enclosing a copy of the revised company rule to be used with the above referenced endorsements.

As we are filing via SERFF, our check for \$50.00 for the filing fees will be mailed shortly.

Should you have any questions or wish to discuss this matter further, please call me at (800) 444-0049, extension 2843. My fax number is 972-719-2348, or you may email me at tmanuel@usic.com.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: will be mailed shortly</b> <b>Amount: \$50.00</b></p> <p>(\$50.00 per filing)</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)(Do not refer to the body of the filing for the forms listing.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>06-CR-FM-15</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	ISO filing ref. doc. # CL-2006-OTF01		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	<b>This filing transmittal is part of Company Tracking #</b>		<b>06-CR-FM-15</b>	
2.	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)		<b>06-CR-FM-15</b>	
<input type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	<b>Overall percentage rate impact for this filing</b>		None	
4.	<b>Effect of Rate Filing – Written premium change for this program</b>			
5.	<b>Effect of Rate Filing – Number of policyholders</b>			
6.	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>		File & Use	
7.	<b>Rate Change by Company</b>			
	<b>Company Name</b>	<b>Percentage Change for this program</b>	<b># of policyholders for this program</b>	<b>Written premium for this program</b>
8.	<b>Overall percentage of last rate revision</b>			
9.	<b>Effective Date of last rate revision</b>			
10.	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)			
11.	<b>Exhibit Name/Description /Synopsis</b>	<b>Rule # or Page #</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01	Terrorism Endorsement Options	ISO Ref. Filing # CL-2006-OTR01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)